Hospital Name: The Westerly Hospital	
Number of Licensed Beds: 125	
Number of Staffed Beds: 86	
Number of Units in Report: 5	
Time Period Reflected in Report: From:_1-Oct-06	1-Oct-07
Name of Person Completing Report: Margaret F. Austi	n
Title of Person Completing Report: Vice President Prof	essional Services / CNO
CEO Signature:	Date:

Patient Care Unit Name: ER		Specialty Service (i.e., orthopedics, oncology): Medical			
		of Unit:			
	(Check a	ll that apply)			
□Critical Care/ Int	tensive Care Unit	□Psychiatric Unit			
Step-Down/ Intermediate Care Unit		□ Rehabilitation Un	□Rehabilitation Unit		
General Medical/Surgical Unit		☐Transitional Care	Unit		
□Obstetrical Unit/ Nursery		X Emergency Depar	X Emergency Department		
Sumber of patients	upon which staffing	plan is based (Average	Daily Census):		
mergency Departi	ment = Average numb	oer of visits per day (To	tal Visits/365 days):		
Position	Shift Length	(to care for a f	ixed number of pati		
Position	Shift Length				
Position RNs	Shift Length 8 hours	(to care for a f	ixed number of pat		
		(to care for a f	ixed number of pat Evenings		
RNs	8 hours	(to care for a f	Evenings 4		
RNs LPNs CNAs	8 hours 8 hours	(to care for a f	Evenings 4 0		
RNs LPNs CNAs	8 hours 8 hours	(to care for a f	Evenings 4 0		
RNs LPNs CNAs Other (Specify):	8 hours 8 hours 8 hours	(to care for a f	Evenings 4 0 1		
RNs LPNs CNAs Other (Specify): Total Direct	8 hours 8 hours 8 hours 8 hours Care Providers:	(to care for a form a f	Evenings 4 0 1		
RNs LPNs CNAs Other (Specify):	8 hours 8 hours 8 hours 8 hours Care Providers:	to care for a for	4 0 1 5.0		

# .CT.	
# 01 10	elemetry Beds: 14
	Age Group:
(Ch	eck all that apply)
	X Adult
	X Pediatric
	X Newborn
	73
ly Assi its in a	gned n 8 hour shift)
	n 8 hour shift)
	n 8 hour shift) Nights
	Nights 2
	Nights 2 0
	Nights 2 0
	n 8 hour shift) Nights 2 0
	Nights 2 0
its in a	n 8 hour shift) Nights 2 0
	n 8 hour shift) Nights 2 0
its in a	n 8 hour shift) Nights 2 0
its in a	n 8 hour shift) Nights 2 0

Patient Care Unit Name: Womens Health		Specialty Service (i.e., orthopedics, oncology): Medical		
	Type o	of Unit:		
	(Check all	that apply)		
□Critical Care/ Intensive Care Unit		□Psychiatric Unit		
□Step-Down/ Intermediate Care Unit		□ Rehabilitation Unit		
General Medical/S	General Medical/Surgical Unit		nit	
X Obstetrical Unit/	Nursery	□Emergency Departn	nent	
Number of patients i	ıpon which staffing pl	an is based (Average Da	nily Census):	
Emergency Departm	ent = Average numbe	r of visits per day (Tota	l Visits/365 days):	
Position	Shift Length		er of Staff Ordinar ed number of patie	
	3	Days	Evenings	
RNs	8 hours	4	4	
LPNs	8 hours	0	0	
CNAs	8 hours	0	0	
Other (Specify):	8 hours			
	8 hours			
Total Direct Care Providers:		4.00	4.00	
Comments:				
1				

of Telemetry Beds: 13
A 70 C
Age Group:
(Check all that apply)
X Adult
□Pediatric
LI CUIAUIC
X Newborn
A INCWDOLII
6
ly Assigned
its in an 8 hour shift)
Nights
- Ingarem
3
0
0
3.00
3.00
3.00
3.00
3.00
3.00
3.00

Patient Care Unit Name: ICU		Specialty Service (i.e., orthopedics, oncology): Medical			
	Type	of Unit:			
	(Check al	l that apply)			
X Critical Care/ Intensive Care Unit		□Psychiatric Unit			
□Step-Down/ Intermediate Care Unit		□Rehabilitation Unit			
General Medical/Surgical Unit		□Transitional Care U	□Transitional Care Unit		
□Obstetrical Unit/ N	□Obstetrical Unit/ Nursery		nent		
Number of patients i	upon which staffing p	lan is based (Average Da	aily Census):		
Emergency Departm	ent = Average numb	er of visits per day (Tota	l Visits/365 days):		
		<u> </u>			
Position	Shift Length		er of Staff Ordinar and number of patie		
		Days	Evenings		
RNs	8 hours	3	3		
LPNs	8 hours	0	0		
CNAs	8 hours	0	0		
Other (Specify):	8 hours				
	8 hours				
Total Direct Care Providers:		3.00	3.00		
Comments:					

of Telemetry Beds: 9
Age Group:
(Check all that apply)
X Adult
□Pediatric
□Newborn
6
ly Assigned 1ts in an 8 hour shift)
Nights
3
0
0
3.00
3.00
3.00
3.00
3.00

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Patient Care Unit Name: MCU		Specialty Service (i.e., orthopedics, oncology): Medical			
	T.	AXX III			
		e of Unit:			
	(Check a	ll that apply)			
□Critical Care/ Intensive Care Unit		□Psychiatric Unit			
□Step-Down/ Intermediate Care Unit		□ Rehabilitation Unit			
X General Medical/Surgical Unit		□Transitional Care U	J nit		
□ Obstetrical Unit /	□Obstetrical Unit/ Nursery		ment		
Number of patients	upon which staffing	plan is based (Average Da	aily Census):		
Emergency Departn	nent = Average numb	oer of visits per day (Tota	l Visits/365 days):		
		T			
Position	Shift Length		Number of Staff Ordinar (to care for a fixed number of patie		
1 001/1011		Days	Evenings		
RNs	8 hours	3	3		
LPNs	8 hours	2	2		
CNAs	8 hours	2	2		
Other (Specify):	8 hours				
	8 hours				
Total Direct Care Providers:		7.00	7.00		
Commonte					
Comments:					

of Telemetry Beds: 12
Age Group:
(Check all that apply)
X Adult
X Pediatric
□Newborn
20
ly Assigned tts in an 8 hour shift)
Nights
2
2
2
6.00

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Patient Care Unit N	Specialty Service (i.e., orthopedics, oncology): Medical		# of Telemetry Beds: 12		
	Туре	e of Unit:		Age Group:	
(Check all that apply)			(Check all that apply)		
□Critical Care/ Intensive Care Unit		□Psychiatric Unit		X Adult	
□Step-Down/ Intermediate Care Unit		□Rehabilitation Unit	□Rehabilitation Unit		
X General Medical/Surgical Unit		☐Transitional Care	Unit	□Newborn	
□Obstetrical Unit/ Nursery		☐ Emergency Depart	ment		
Number of patients	upon which staffing J	plan is based (Average D	Paily Census):	20	
Emergency Departr	nent = Average numb	oer of visits per day (Tot	al Visits/365 days):		
Position	Shift Length	Number of Staff Ordinari (to care for a fixed number of patien		-	
		Days	Evenings	Nights	
RNs	8 hours	3	3	2	
LPNs	8 hours	2	2	2	
CNAs	8 hours	2	2	2	
Other (Specify):	8 hours				
	8 hours				
Total Direct Care Providers:		7.00	7.00	6.00	
Comments:					